

# APPLICATION FOR DIRECT PAY GROUP INSURANCE CONTINUATION COVERAGE THROUGH THE EARLY OUT 3 INCENTIVE PROGRAM

1. Name and Home (billing) Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR DAS-HRE USE ONLY**

Start Direct Bill Eff. \_\_\_\_\_

Health Code \_\_\_\_\_

Dental Code \_\_\_\_\_

2. Social Security No. \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Payroll No \_\_\_\_\_

4. Date of Termination \_\_\_\_\_

5. Month Employee Was Last Added to the Monthly Billing \_\_\_\_\_

6. Enclosed Check is for the Month of \_\_\_\_\_

7. Present Health Coverage \_\_\_\_\_ ☐ Single ☐ Family

Health Coverage to be Continued? ☐ Yes ☐ No

☐ Single ☐ Family

Health Plan Choice: \_\_\_\_\_

8. Dental Coverage to be Continued? ☐ Yes ☐ No

☐ Single ☐ Family

I understand and accept that it is necessary and required, in order for health insurance claims to be paid properly, that when I, or my spouse/dependents if covered under my health plan, become eligible for Medicare, the Medicare eligible person must enroll in both Parts A and B of Medicare. When I am no longer an active employee, Medicare will be the primary carrier for Medicare eligible persons. It is my responsibility to notify the insurance carrier of Medicare eligibility.

Please sign and retain a copy of this form for your records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- NOTE:**
- The first month's premium must accompany this application. Make the check(s) payable to the insurance carrier.
  - You will receive a bill from your insurance carrier for future premium payments.
  - You may sign up for automatic withdrawal from your checking or saving account. Contact the insurance carrier for details.
  - You must complete new health and dental applications.
  - Individuals 65 years of age and older who are applying for continuation in the health insurance program must have applied for Medicare and completed the insurance application for change to "Medicare Carve-Out" coverage. A copy of the Medicare card or a letter from the Social Security Administration showing Medicare A & B effective dates **MUST** accompany this paperwork.
  - Applications may be obtained from your department's Personnel Assistant.

Return this form, a check for the first month's premium, and the top copy of the insurance application(s) to your department's Personnel Assistant.